

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	GENES ASSOCIATED WITH SCHIZOPHRENIA, ADHD AND BIPOLAR DISORDERS
Attorney Docket Number::	BILBE1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity



Given Name::	Graeme
Middle Name::	
Family Name::	BILBE
Name Suffix::	
City of Residence::	Neuchatel
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Chemin de Maujobia 37
City of Mailing Address::	Neuchatel
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-2000
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Anu
Middle Name::	
Family Name::	KINNUNEN
Name Suffix::	
City of Residence::	Rheinfelden-Herten
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Kirchstrasse 11
City of Mailing Address::	Rheinfelden-Herten
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	79618
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	James
Middle Name::	Irvin
Family Name::	KOENIG

Name Suffix::

City of Residence::

Crofton

State or Province of Residence::

Maryland

Country of Residence::

United States

Street of Mailing Address::

1406 Tuffed Moss Court

City of Mailing Address::

Crofton

State or Province of Mailing Address::

Maryland

Country of Mailing Address::

United States

Postal or Zip Code of Mailing Address::

21114

Correspondence Information

Correspondence Customer Number::

001444

Representative Information

Representative Customer Number::

001444

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application

National Stage of

PCT/EP03/007491

07/10/03

PCT/EP03/007491

Appln claiming benefit of 35 USC 119(e)

60/395,088

07/11/02

PCT/EP03/007491

Appln claiming benefit of 35 USC 119(e)

60/472,489

05/22/03

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Assignment Information

Assignee Name::

University of Maryland

Street of Mailing Address::

520 West Lombard Street

City of Mailing Address::

Baltimore

State or Province of Mailing Address::

MD

Country of Mailing Address::

US

Postal or Zip Code of Mailing Address::

21201